



Hood River Valley Adult Center

2010 Sterling Place Hood River, OR 97031 Phone: 541-386-2060 Email: hrvac@gorge.net

MEMBERSHIP ANNUAL DUES/RENEWALS

Name (s) _____ Date _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Email /Website _____

Birthdates: _____

May we contact you about becoming a Volunteer at the Center? _____

Individual Membership (1 yr) \$25 _____

Family Membership (1yr) \$45 _____

Business Associate Membership \$250 _____

Donation _____

Would you be interested in volunteering your goods and services to the Center? _____

Are there services and/or activities you would like the Center to have available? _____

Date Received: _____

Type of Membership: IM FM BM

Form of Payment _____ *Amount* _____

Entered in data base: _____

TY sent with membership card: _____